Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-2797

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

Plea	ase mark the approp	riate box:			
	☐ INITIAL AP	PLICATION	☐ CHANGE OF PRIMARY ADDRESS		
	CHANGE (OF NAME	☐ CHANGE IN ADDI	TIONAL SITES (ATTACHMENT A)	
	☐ CHANGE I	N ACCREDITATION	☐ OTHER CHANGE	(S)	
Name of Applicant (the institutional name under which postsecondary educational programs are pro-					
	Si Tanka University (Propsed new name Reagan National University)				
2. Applicant's Physical South Dakota Address: 5000 S Broadband Lane, Suite 123					
	(Street Address)		CD	57108	
	Sioux Falls,		SD (State)	(ZIP Code)	
			,	,	
3. Applicant's Main Address (Additional sites listed on Attachment A): 5000 S Broadband Lane, Suite 123					
	(Street Address) Sioux Falls		SD	57108	
	(City)		(State)	(ZIP Code)	
www.sitanka.us					
	(Website)				
4.	Contact Person:	Adam Yang		Academic Dean	
		(Name)		(Title)	
	(605) 728-1941				
		(Telephone Number)		(Fax Number)	
		adam.yang@sitanka.	us		
		(Email Address)			
5	Does the Applica	nt operate at other sites than t	the address stated above	ve?	

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

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6.	Does the Applicant have a parent organization (non-profit, corporate, or otherwise)?					
	If "YES", please indicate the following:					
Reagan National University, Inc.						
	(Parent Organization Name)	22	**			
	5000 S Broadband Lane, Suite 12 (Street Address)	23				
	Sioux Falls	SD		57108		
	(City)	(State)		(ZIP Code)		
7. Is the Applicant an instrumentality of South Dakota under the jurisdiction of the SD Board of Regents?				D Board of Regents?		
	☐ YES ■ NO - If "NO", please indi	icate whether the	Applicant is either (check one of the following):		
☐ An instrumentality of another state (please list the state agency which has jurisdiction over Applic				s jurisdiction over Applicant)		
	(State)	(Agency)				
	(Address)					
	(City)		(State)	(ZIP Code)		
	(Contact Name)		(Contact Pho	ne Number)		
	(Website)					
	Legally established to operate in S			ity		
	South Dakota Corporate ID	DB055240				
	South Dakota Corporate Name	e Reagan Nation	nal University, Inc.			
	☐ Legally established to operate in South Dakota as a not-for-profit corporation.		ation.			
	South Dakota Corporate ID					
	South Dakota Corporate Name	e				
8.	Is the Applicant accredited by an accrediting a	gency recognize	d by the US Depart	ment of Education?		
	YES					
	Accrediting Agency: Accrediting	ng Council fo	rIndependent (Colleges and Schools		
	750 First Street NESuite 98					
	(Street Address)					
	Washington		DC	20002-4223		
	(City)		(State)	(ZIP Code)		
	Effective date of most recent grant of	accreditation:	12/2017			
Term or expiration date of most recent accredita			12/2019			

□ NO	Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:
change in information s	owledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a set forth in this Application, including any changes in information set forth in any Attachments or formation. The undersigned has executed the foregoing document and, under penalties of perjury

The application must be signed by an authorized officer of the postsecondary educational institution:

certifies that the information provided herein, and in support thereof, is true and correct.

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Dated 1/25/2018	(Signature of an authorized officer)
	(Signature of an authorized officer)
	Adam Yang
	(Printed name)
	Academic Dean
	(Title)

Submit Application to:

South Dakota Secretary of State Corporations Division 500 East Capitol, Suite 204 Pierre, SD 57501

Or email us at: SOS.EDU@state.sd.us

Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.